

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

<http://www.dphhs.mt.gov/>
(406) 444- 3964
FAX: (406) 444-9389

555 Fuller
P.O. Box 202905
HELENA, MT 59620-2905

INSTRUCTIONS FOR COMPLETING APPLICATION REQUEST FOR CHEMICAL DEPENDENCY APPROVAL FORM

1. Applicant Agency-The official name of the agency requesting approval.
2. Project Director- The name of the individual responsible for the proposed program.
3. Project Title-This may be the same as Section 1, but may be a sub-part of applicant agency and if so, should be identified.
4. Type of Agency- This section refers to the formal structure of the agency. A private tax exempt agency must include its IRS number.
5. List Geographic Areas- List just the counties serviced by the program.
6. Types of Service- Identify the type of types of services the program will provide. See attachment for definitions of service components. Also, for residential (24 hours living facility) programs include number of beds.
7. List the proposed sources of funding and the anticipated amount from each. Also, list total proposed annual budget for project.
8. List approximate number of staff. Administrative and support staff, such as administrator, clerical, accounting, etc.. Direct services staff are persons providing direct services (i.e., counselors or medical staff).
9. 53-24-211 MCA requires all counties to submit Chemical Dependency plans or updates to the Addictive and Mental Disorders Division by December 31, of each year. If your program and proposed services are not addressed in each of the county(ies) addressed in item 5, explanation is needed.
- 10-16. Self Explanatory- Use additional paper as necessary to provide all needed information. Agencies requesting inpatient approval should enclose a copy of their Certificate of Need application.
17. Application must be signed by individual identified in Section 2.